

**EXHIBIT-A**

**The Step-Two Grievance Response  
Outlining Plaintiff's Medical Condition and Colostomy**

## Step II Grievance Appeal Response

Grievance Number: LCF 2016 11 0931 12D1
Prisoner Name: Swift, Keith
Prisoner Number: 202475

I have reviewed your Step I Grievance, the Step I Response, and your Step II Reason for Appeal.

**SUMMARY OF STEP I COMPLAINT:** Inmate is grieving medical, his allegation is that the health care and the Medical Provider (MP) denied surgery to reverse colostomy. Date of incident 10/26/16.

**SUMMARY OF STEP I RESPONSE:** The allegation presented in this grievance has been reviewed by health care staff. Review of the Electronic Health Record (EHR) shows that the Grievant had no health care encounter on 10/26/16. It was noted during the investigation that the Grievant was seen by the MP on 9/15/16 where a plan of care established; which included submitting a 407 requesting visit to Gastroenterology to consult reversal of colostomy. This request was deferred on 9/22/16 due to medical necessity was not demonstrated at the time. The Grievant was notified of the deferral at his last chronic care visit. According to the MP expertise and experience, plan of care has been established and not agreeing with the plan of care does not support a grievance of denied health care needs. This grievance is considered denied. Grievant has received and will continue to receive all medical care necessary. Date of response 11/9/16.

**SUMMARY OF STEP II REASON FOR APPEAL:** Grievant alleges the issue was not resolved at Step I mandating this appeal. The reply simply provided a "boiler plate language status" on the issue. The so called plan of care on 9/15/16 did not yield any type of medical assistance insofar as the 'resection of the colostomy operation' is concerned. Thus, the MP expertise and experience is not at issue in this grievance as the MP is not a surgeon, or specialist in 'colostomy treatment.' The delay in approving the colostomy operation is the issue here. The assertion that no health care encounter on 10/26/16, is misleading. I was very specific that Nurse Hill provided the information of the surgery denial procedure. This problem was known in 2011 and to date, I am still suffering. The delay is the deliberate indifference to my medical colostomy needs. The first step resolution is reiterated here. I need the colostomy operation to correct the problem. The court has ruled -- the delay in treatment is the deliberate indifference (names court case). Date of incident 10/26/16.

**SUMMARY OF STEP II INVESTIGATION:** Upon investigation of the EHR (Electronic Health Records) on 8/4/11 the MP requests a surgery consultation for LLQ colostomy which was placed on 6/2/11 s/p colon resection for intramural abscess in the setting of chronic constipation, hemochromatosis, and poorly controlled hypertension. The MP notes the patient is doing well and there are no current complications. The consult was not approved as it was not medically necessary.

On 11/27/13 the request for a surgery consult for colostomy reversal was readressed. The MP notes medical history of diverticulitis and subsequent colostomy in about 6/2011 while a prisoner in Marquette. Occasional blood and mucus in colostomy bag. Requesting surgery evaluation for reversal of colostomy. The consult was not approved as it there was no demonstration of medically necessity at this time, a colostomy only reversed if there is a medical necessity.

Grievant was evaluated by MP on 9/15/16, as indicated in the Step I Grievance response above. The MP submitted a request for approval to send Mr. Swift to gastroenterology for a consult regarding colostomy reversal. The MP notes Mr. Swift had diverticulitis and ended up with complications and colostomy placed approximately 2011-2012 while a prisoner in Marquette, re-anastomosis was to take place approx. 3 months after original placement. He has not had follow up. He has a significant medical history including, DM, HTN, Hyperlipidemia and cardiomyopathy. Occasional blood and mucus in colostomy bag. The consult was deferred, as the medical necessity is not demonstrated at this time. Continue to follow up on-site clinic by MP.

Mr. Swift is doing fine with current condition, the surgery he is requesting is not a medical necessity, it is a major surgery with potential complication, which may include death. Without medical necessity this surgery is considered an elective procedure; the MDOC will not consider a major surgery that is not medically necessary. Mr. Swift is being monitored for his medical needs, and is issued supplies for his colostomy care. Grievant has and will continue to receive all necessary medical treatment. Grievant is encouraged to access health care through the Health Care Request (HCR)/kite process to address any current health care concerns and to constructively discuss his concerns with Health Care Staff at scheduled appointments.

**CONCLUSION: Evidence**

- PD 03.02.130, Prisoner Grievances
- Policy 03.04.100 Health Care Services

**Grievance Denied:** Review of the evidence supports that Grievant's medical needs are being addressed.

RESPONDENT NAME: Subrina Aiken, RN	TITLE: Clinical Administrative Assistant Jackson Health Care Office Administration
RESPONDENT SIGNATURE: <i>Subrina Aiken, RN</i>	DATE: 11/23/16